

APPENDIX G. WEBMRE ACCESS – USER-ID REQUEST FORM (MM260)

G-1. GENERAL

The USAMMA User-ID Request Form MM260 is the primary form used to request access for the WebMRE.

G-2. REPRODUCTION

USAMMA Form MM260 will be locally reproduced on 8½ by 11 inch-paper. Copies for reproduction purposes are located at the back of this publication.

G-3. PREPARATION

Form MM260 must be prepared for each individual requesting access to the WebMRE system. Fax complete copies of the MM260 to the USAMMA MEDCASE Manager at (301) 619-4480 or via e-mail to medcasemgr@amedd.army.mil. Copies that are forwarded to the commands and to the USAMEDCOM should bear original signatures.

G-4. INSTRUCTIONS FOR COMPLETING FORM MM260

USAMMA USER-ID REQUEST FORM		6. OFF POST USER ACCESS INFORMATION	
After completing questions 1 through 7, forward this form on to the Security Manager, MCMR-MMS-P		***User must have TSACS Account in order to Dial-In	
1. NAME: (Last, First, MI): _____ Mark one of the following: <input type="checkbox"/> Civilian (GS employee) <input type="checkbox"/> Contractor (Provide Company Name and Address): _____ <input type="checkbox"/> Military (Provide Rank): _____ <input type="checkbox"/> Student Hire		Is this an Off-Post user? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, provide the following information: Address: _____ DSN/Commercial Phone Number: _____ Email Address: _____ Fax Number of User: _____ Name and Fax Number: _____	
2. Indicate name and location of where you last worked: _____ 3. Office Information: Telephone Number: _____ Office Symbol: _____ Is this person replacing someone else? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who? _____ Is the person moving from another office? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, which office? _____ Does the user need access to the USAMMA Local Area Network (LAN)? <input type="checkbox"/> YES <input type="checkbox"/> NO		7. SUPERVISOR'S APPROVAL (TYPE/PRINT) _____ SUPERVISOR'S SIGNATURE AND DATE: _____	
4. IF USER IS IN NEED OF EXCHANGE / OUTLOOK PASSWORD - FILL OUT USAMMA FORM MM277 SPECIALIZED SOFTWARE - FILL OUT USAMMA FORM MM272 TSACS PASSWORD - TSACS FORM WILL NEED TO BE PICKED UP IN BUILDING 1423, ROOM 191 SAP PRODUCTION USER PASSWORD - FILL OUT USAMMA FORM MM263 AKO PASSWORD - USER NEEDS TO GO TO WEBSITE: HTTP://WWW.US.ARMY.MIL/		8. SECURITY OFFICER INFORMATION AND CLEARANCE INFORMATION Does the employee have a NACI Background on file at USAMMA? <input type="checkbox"/> YES <input type="checkbox"/> NO SECURITY INVESTIGATION TYPE/DATE: _____ SECURITY OFFICER'S NAME (PRINT/TYPE): _____ SECURITY OFFICER'S SIGNATURE/DATE: _____ IF THIS REQUEST IS FOR AN OFF POST USER, PLEASE FAX THIS FORM TO KAYE KLINE, 301-619-6029	
5. MAINFRAME INFORMATION Does the user need access to the Mainframe IBM Computer? <input type="checkbox"/> YES - Indicate system below <input type="checkbox"/> NO - Go to #6 <input type="checkbox"/> MEDCASE Requirement & Execution - MRE DODAAC: _____ COMMAND CODE: _____ TDAUIC: _____ Note: IMIT provide the MRE information to ABAP (Ruth Schitt or Rod Ott) <input type="checkbox"/> CATALOG Data Management - NAM (Group = MMAO-SGMMAO, MEDSILS (QBC) - POC: Don Palmer) Automated Purchased Request - APRES - Indicate Access Level Below: <input type="checkbox"/> Data Entry <input type="checkbox"/> Review / Approve <input type="checkbox"/> Final Approval - Dollar Amount: _____ Required		For IMIT Division's Use Only IMIT Network Administrator Comment Area: LAN User ID: Comments:	

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- ITEM 1** Name. Write name of person requesting access and check whether civilian, Military, Student Hire, or Contractor. If contractor, note the Company and ending date of your contract.
- ITEM 2** Name of location where you work.
- ITEM 3** Office Information. Telephone Number, Office Symbol, Check YES or NO if the User is replacing someone else and if the user is moving from another office, Check No to the user needing access to the USAMMA LAN, disregard Additional LAN Options.
- ITEM 4** Blank
- ITEM 5** Click NO to user needing access to the Mainframe IBM Computer, Check MEDCASE Requirement & Execution, input DODAAC, Command Code, and TDA/UIC.
- ITEM 6** Check YES if off-post user, input address (to include building number), DSN/commercial phone number, email address, and fax number.
- ITEM 7** Supervisor's Approval, Signature, and Date.
- ITEM 8** Your site's Security Officer should fill out this info. Provide Security Investigation Type and Date, Security Officer's Name, Signature, Date of Signature, and Phone number. (User must have a NACI Background on file at their site)